

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/814014
Filing Date	03/30/2004
First Named Inventor	WEINBERGER
Title	PIREPLACE FUEL CARTRIDGE...
Art Unit	1714
Examiner Name	MALINI KRISHNAN
Attorney Docket Number	1631

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint

☒ Practitioners associated with the Customer Number:

04518

OR

☐ Practitioner(s) named below:

Name	Registration Number
ROBERT W J USHER	30923

as my/our attorney(s) or agent(s), to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone


Email

I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/8)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	4-10-07
Name	MICHAEL WEINBERGER	Telephone	212 736 2624
Title and Company	OWNER		

(NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.)

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the person which is to file (and by the USPTO to process) an application. Coincidentally is governed by 35 U.S.C. 122 and 37 CFR 1.51 and 1.54. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form in the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for "improving this form" should be sent to the Chief Information Officer, 1-8 Patent and Trademark Office, U.S. Department of Commerce #10 Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PERS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2